
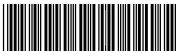


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| Index of Claims  | Application/Control No. 10509326 | Applicant(s)/Patent Under Reexamination LEFEBVRE-DESPEAUX ET AL. |
| | Examiner Arlen Soderquist | Art Unit 1797 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | | | <input type="checkbox"/> T.D. | | | | <input type="checkbox"/> R.1.47 | | | | | | | |
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| CLAIM | | | | DATE | | | | | | | | | | | | | | | |
| Final | Original | 06/06/2008 | 11/26/2008 | | | | | | | | | | | | | | | | |
| | 1 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 2 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 3 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 4 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 5 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 6 | ✓ | - | | | | | | | | | | | | | | | | |
| | 7 | ✓ | - | | | | | | | | | | | | | | | | |
| | 8 | ✓ | - | | | | | | | | | | | | | | | | |
| | 9 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 10 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 11 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 12 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 13 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 14 | ✓ | ✓ | | | | | | | | | | | | | | | | |
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| | 24 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 25 | ✓ | - | | | | | | | | | | | | | | | | |
| | 26 | ✓ | - | | | | | | | | | | | | | | | | |
| | 27 | ✓ | - | | | | | | | | | | | | | | | | |
| | 28 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 29 | ✓ | ✓ | | | | | | | | | | | | | | | | |
| | 30 | ✓ | - | | | | | | | | | | | | | | | | |
| | 31 | ✓ | - | | | | | | | | | | | | | | | | |
| | 32 | ✓ | - | | | | | | | | | | | | | | | | |
| | 33 | ✓ | ✓ | | | | | | | | | | | | | | | | |
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| <i>Index of Claims</i>  | Application/Control No. 10509326 | Applicant(s)/Patent Under Reexamination LEFEBVRE-DESPEAUX ET AL. |
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| CLAIM | | | | DATE | | | | | | | | | | | |
| Final | Original | 06/06/2008 | 11/26/2008 | | | | | | | | | | | | |
| | 37 | | ✓ | | | | | | | | | | | | |